

**ALL SHADED AREAS MUST BE COMPLETED IN ORDER TO PROCESS YOUR INFORMATION**

Next Court Date:		Are both parties served? (Yes • No)	
Court Action #:	Dept. #:	Primary Language:	Both parties use English <input type="checkbox"/> Yes <input type="checkbox"/> No

Parent or Guardian's Full Name:		Relationship to minors:		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
Street:		City/State:		Zip
Home Phone #: (      )		Work #: (      )		Date of birth
Cell/Msg:		Email:		
Attorney's Full Name and Bar Number:				<input type="checkbox"/> I do not have an attorney.

Parent or Guardian's Full Name:		Relationship to minors:		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
Street:		City/State:		Zip
Home Phone #: (      )		Work #: (      )		Date of birth
Cell/Msg:		Email:		
Attorney's Full Name and Bar Number:				<input type="checkbox"/> I do not have an attorney.

CHILDREN (Full Name)	Check One	DOB	AGE	CHILDREN	Check One	DOB	AGE
#1	<input type="checkbox"/> Male <input type="checkbox"/> Female			#4	<input type="checkbox"/> Male <input type="checkbox"/> Female		
#2	<input type="checkbox"/> Male <input type="checkbox"/> Female			#5	<input type="checkbox"/> Male <input type="checkbox"/> Female		
#3	<input type="checkbox"/> Male <input type="checkbox"/> Female			#6	<input type="checkbox"/> Male <input type="checkbox"/> Female		

**Please answer the following questions:**

1. Were you married to each other? ☐ Yes ☐ No Date Last separated (month/year) \_\_\_\_\_
2. Whom are the child(ren) in this matter living with now? \_\_\_\_\_
3. Do you want to bring up any of the following issue with your mediator? (Check only if allegations made)  
☐ Drug/Alcohol Abuse ☐ Child Abuse ☐ Domestic Violence ☐ Child Stealing ☐ Juvenile Court Actions
4. Has either party made sworn allegations of domestic violence against the other? ☐ Yes ☐ No  
 If yes, who has made the allegations? \_\_\_\_\_ Who are the allegations against? \_\_\_\_\_  
 Is there a Restraining Order currently in place? ☐ Yes ☐ No
  - a. What type of Restraining Order? ☐ DVPA ☐ Other Civil ☐ Criminal ☐ Emergency (EPO) ☐ Juv. Ct. ☐ Unknown
  - b. Who does the Restraining Order restrain? \_\_\_\_\_
  - c. Who does the Restraining Order Protect? \_\_\_\_\_ When does it expire? \_\_\_\_\_
  - d. Do you want separate mediation appointments? ☐ Yes ☐ No (Check yes when sworn allegations of DV have been made)

**Orientation: Date & Time**

PET \_\_\_\_\_

RES \_\_\_\_\_

Other: \_\_\_\_\_

**Mediation: Date & Time**

PET \_\_\_\_\_

RES \_\_\_\_\_

Other: \_\_\_\_\_

Special Court Instructions/Special Circumstances:
Accommodations for Disability:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_